

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 460</b>	
Date Stamp	Page <u>1</u> of <u>4</u> For Official Use Only
Statement covers Period from <u>07/01/2019</u> through <u>12/31/2019</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee  Primarily Formed Ballot Measure Committee
- State Candidate Election Committee  Controlled
- Recall  Sponsored
- (Also Complete Part 5)*
- General Purpose Committee  Primarily Formed Candidate/  
Officeholder Committee  
*(Also Complete Part 7)*
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

**2. Type of Statement:**

- Prelection Statement  Quarterly Statement
- Semi-annual Statement  Special Odd-Year Report
- Termination Statement  Supplemental Prelection Statement (Also file a Form 410 Termination)
- Amendment (Explain below)

**3. Committee Information**

I.D. NUMBER

1390966

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mike Cordero for Council 2020

STREET ADDRESS (NO P.O. BOX)

2151 S College Dr Ste 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 (805) 922-4881

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

STREET ADDRESS (NO P.O. BOX)

2151 S College Dr Ste 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 (805) 922-4881

MAILING ADDRESS

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**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-16-2020 Date 1-17-10 By Tonya Cordero  
Signature of Treasurer or Assistant Treasurer

Executed on 1-16-2020 Date 1-17-10 By Mike Cordero  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Executed on 1-16-2020 Date 1-17-10 By Mike Cordero  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 1-16-2020 Date 1-17-10 By Mike Cordero  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 4

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1324 Ruby Ct.	Santa Maria	CA	93454

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

BALLOU NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

CITY

STATE ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT  
 OPPOSE

NAME OF TREASURER

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT  
 OPPOSE

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

CITY

STATE ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT  
 OPPOSE

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

CITY

STATE ZIP CODE

AREA CODE/PHONE

*Attach continuation sheets if necessary*

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOU NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT  
 OPPOSE

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE  
**CALIFORNIA  
FORM  
460**

## SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero For Council 2020

<b>Statement covers period</b>	<b>CALIFORNIA FORM</b>
from <u>07/01/2019</u>	Page <u>3</u> of <u>4</u>
through <u>12/31/2019</u>	I.D. NUMBER <u>1390966</u>

## Contributions Received

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received .....	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>0.00</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>50.00</u>	\$ <u>400.00</u>
7. Loans Made .....	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>50.00</u>	\$ <u>400.00</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>50.00</u>	\$ <u>400.00</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>5,908.18</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above \$ <u>0.00</u>	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments .....	Column A, Line 8 above \$ <u>50.00</u>	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>5,858.18</u>	

If this is a termination statement, Line 16 must be zero.

## 17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

See instructions on reverse

Add Line 2 + Line 9 in Column B above \$ 0.00

## 18. Cash Equivalents .....

\$ 0.00

## 19. Outstanding Debts .....

\$ 0.00

